



Medical Advisory Board

Minutes of the Medical Advisory Board Meeting

Meeting date and time: *Wednesday, January 16, 2008; 6:00 p.m.*

Meeting location: *Daytona Beach International Airport, Volusia Room*

Attendees:

Members:

Larry Alexander, M.D., Central Florida Regional Hospital

John Canalizo, M.D., Bert Fish Medical Center

Marie Herrmann, M.D., Volusia County Medical Examiners Office

Paul Marton, M.D., Bert Fish Medical Center

Peter C. Springer, M.D., Volusia County Emergency Medical Services (Chair)

Arlen Stauffer, M.D., Volusia County Emergency Medical Services

Tracy Weiner, D.O., Florida Hospital - DeLand

Guests:

Paul Banerjee, M.D., Central Florida Regional Hospital

Luckey Dunn, M.D., Florida State University College of Medicine

Mr. Michael Mellon, Emergency Medical Foundation, Inc.

Mr. James Ryan, Volusia County Public Protection

Patricia Scott, R.N., Florida Hospital - DeLand

Mr. Mark Wolcott, Volusia County Emergency Medical Services

Dr. Springer called the meeting to order at 6:10. Minutes from the September 2007 MAB meeting were approved without amending.

Motion: Tracy Weiner

Second: John Canalizo

Guest Speaker

Dr. Dunn was introduced to the group. He is the Regional Campus Dean for the Florida State University College of Medicine.

Dr. Dunn was soliciting support from the local emergency departments to participate as clinical rotation sites for fourth year medical students. The one month emergency medicine rotation is required with the student working under the physician. Any effort local emergency departments can put forth would be appreciated.

King Airway Field Evaluation

Dr. Springer made those members present aware of a trial underway on a select number of field EMS units. A limited evaluation of the single lumen King Airway began to determine its efficacy and preference to the Combitube™ presently implemented in the system. The National Association of Emergency Medical Services Physicians (NAEMSP) spoke favorably of the device at its annual meeting in Phoenix, Arizona.

Anecdotally, ease and rapidity of insertion were key factors along with reduced likelihood of esophageal trauma. Additionally, a greater variety of sizes are available, including pediatric, allowing greater flexibility of use in a wider age range of patients. While costs are less per unit with the King, the number of sizes will result in an exaggerated startup cost.

Representatives from the vendor will be meeting with local emergency department representatives to discuss the device.

Dr. Herrmann requested that she be included in communications specific to this pilot.

Protocol Revision

A copier failure prevented draft copies of the protocol from being available at this meeting. The document will be forwarded to each emergency department physician director in the coming weeks. MAB members are encouraged to contact Dr. Springer or the EMS office if they have concerns following receipt of the document.

This revision includes: a chemical restraint protocol under standing order; replacement of Diazepam (Valium) with Lorazepam (Ativan); implementation of a STEMI transport protocol; and implementation of the EZ-IO intrasosseous bone drill into the field for cardiopulmonary arrest, hypoglycemia associated with coma, intractable seizures and trauma patients with overt signs and symptoms of hypoperfusion. Conventional intravenous access remains the preferred method of obtaining vascular access.

Induced Hypothermia

Dr. Springer engaged in brief discussion surrounding induced hypothermia. A number of EMS systems are utilizing this technique, particularly in post-cardiopulmonary arrest patients. Typical EMS protocols infuse two liters of a four degree Celsius sodium chloride (0.9%) solution. Continued therapy would be essential and would require continuity among receiving facilities or the designation of emergency departments capable of providing like services.

At present, there are no plans to imminently pursue this project.

Dr. Banerjee conveyed that Citrus Memorial Health Systems is presently undergoing a pilot study with EMS and data would be made available to Volusia County stakeholders upon request.

Dr. Herrmann requested to be included in ongoing discussions as this matter would directly affect her office.

Hypertonic Saline Therapy

Another pilot Dr. Springer openly discussed is hypertonic saline therapy for traumatic brain injury. Literature recommends as high as 7.5% solutions with most recommending a 3% solution. Prehospital protocols include a 200 milliliter bolus. Similarly to induced hypothermia, there are no plans to imminently pursue this project.

Round Table

Dr. Marton spoke briefly regarding a delay he encountered in transferring a trauma alert patient from Bert Fish Medical Center. The patient was brought by ambulance to a non-trauma center for stabilization of an airway. Once the airway complication was resolved, it reportedly took nearly thirty minutes to get the patient in to a transport unit.

Dr. Springer and Mr. Mellon will follow up on this matter.

Dr. Alexander introduced Dr. Banerjee, an emergency physician with the group and has a strong background in emergency medical services. He will be attending future Medical Advisory Board meetings when Dr. Alexander isn't available.

Adjournment

The meeting was adjourned at 6:55.

DRAFT